

## PART B - FEE(S) TRANSMITTAL



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APPLICATION NO.	FILING DATE	1	FIRST NAME	RST NAMED INVENTOR		OCKET NO.	CONFIRMATION NO.
10/631,048	07/29/2003		Eric W	ensing	TJK/	405	9283
APPLN. TYPE	SMALL ENTITY YES	ISSUE FI	BE .	PUBLICATION FEE \$300		E(S) DUE	DATE DUE 01/09/2006
FYA	MINED	ART UN	IT	CLASS-SUBCLASS	$\neg$		
EXAMINER NOVOSAD, CHRISTOPHER J		3671		175-424000			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.    Timothy J Keefer   SEYFARTH SHAW LLP   SEYFARTH				
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recordation as set forth	s an assignee is identified bein 37 CFR 3.11. Completion	of this form is NOT	uata wiii app Γa substitute	for filing an assignment.	signee is identified	OFFEARIA	00000000000000000000000000000000000000
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Authorized Signature Date

Keefer Typed or printed name Timothy

Registration No. 35, 567

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: WENSING	)
Application No. 10/631,048	) HOLE FORMING TOOL )
Filing Date: 07/29/2003	)

## TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Mail Stop: Issue Fee

Dear Sir:

Please find enclosed the following in the above-captioned patent application:

- 1. Part B Fee(s) Transmittal in duplicate; and
- 2. A check in the amount of \$1,000.00 in payment of the issue fee and soft copy fee.

Please charge any additional fees to Deposit Account No. 19-1351. A duplicate of this transmittal is enclosed.

Please acknowledge receipt of the above by returning the enclosed self-addressed, stamped postcard.

Respectfully Submitted,

Date:

SEYFARTH SHAW LLP 55 East Monroe Street Suite 4200

Chicago, Illinois 60603-5803 Telephone: (312) 346-8000 Facsimile: (312) 269-8869 Timothy J. Keefer, Reg. No. 35,567

## CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450 Mail Stop

ISSUE HEE.

Date:

Christopher M. Nowak

27 2005 (B)			U.S. Patent	t and Tradem	ark Office; U.S. DE	PTO/SB/17 (12-04v h 07/31/2006. OMB 0651-00 EPARTMENT OF COMMERC
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL		A # # . N		nplete if Kno	wn .	
		Application Nun		/631,048		
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For FY	2005	- 1	First Named Inv		ENSING	
✓ Applicant claims small entity status. See 37 CFR 1.27		7			ovosad, Christopher J.	
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			Attorney Docke	t No.   13	10403	
METHOD OF PAYMENT (chec	ck all that apply)					
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FEE CALCULATION						
1. BASIC FILING, SEARCH, A FILI	ND EXAMINATION F ING FEES Small Entity		CH FEES Small Entity	EXAMIN	ATION FEES Small Entity	
Application Type Fee		Fee (\$)		Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility 300	150	500	250	200	100	
Design 200	100	100	50	130	65	
Plant 200	100	300	150	160	80	****
Reissue 300	150	500	250	600	300	
Provisional 200	100	0	0	0	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (includi	ng Reissues)				Fee (\$) 50	Small Entity Fee (\$) 25
Each independent claim over		es)			200	100
Multiple dependent claims		_			360	180
Total Claims Extra	Claims Fee (\$)	Fee -	Paid (\$)		Multiple D Fee (\$)	ependent Claims Fee Paid (\$)
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3. APPLICATION SIZE FEE	1 100 -1		(	.14	11 £1d	
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sheets or fraction thereof.  Total Sheets Extra	See 35 U.S.C. 41(a)(Sheets Number	(1)(G) a	and 37 CFR 1.1	l 6(s). or fraction i	he <u>reof</u> Fee	(\$) Fee Paid (\$)
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- 100 =  4. OTHER FEE(S)  Non-English Specification,				wilole Hullic	Ci)	Fees Paid (\$

SUBMITTED BY		
Signature	Registration No. (Attorney/Agent) 35,567	Telephone 312-269-8552
Name (Print/Type) / imothy / Keefer		Date 12/22/65

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